

Manufactured Home Placement Permit Application

YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128

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Phone: (503) 434-7516

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Permit No. _____

Date: _____

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	Replacement Dwelling?
<input type="checkbox"/> Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	
State:	Zip:
Cross street/directions to job site:	
Tax map/parcel no.:	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone	Fax
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-515-0010.	
Signature:	
DESCRIPTION OF WORK	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
E-mail:	
Phone:	Fax
CCB lic:	Expiration date:
MDI lic:	Expiration date:
Authorized signature:	
Date:	

REQUIRED DATA: MANUFACTURED DWELLING	
Size: <u> x </u> sq. ft.	
Circle one: single double triple	
Valuation:	Year:
Make:	
Model:	
New water line: ft	New sewer line: ft
Number of bedrooms:	
Will there be an accessory structure (deck, carport, foundation, garage, etc.) that doesn't meet the prescriptive requirements of the Oregon Manufactured Dwelling Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FEE SCHEDULE	
Description	Cost
Manufactured Dwelling	
Placement (includes placement, electrical feeder, 30' water/sewer line)	\$297.49
12% Surcharge	\$ 35.70
State administrative fee	\$ 30.00
Agency review fee (zoning)	\$ 80.00
Miscellaneous Fees	
Re-inspection fee	\$
12% Surcharge	\$
SDC Charges	\$
Other	\$
TOTAL FEES & SURCHARGE	\$
Paid Amount	\$
Receipt number	

FOR DEPARTMENT USE ONLY	
ZONING:	
SETBACKS:	Front:
Side:	Rear:
PLANNING APPROVAL:	
Conditions/remarks:	

SANITATION APPROVAL:	

FOR DEPARTMENT USE ONLY
PUBLIC WORKS APPROVAL:
FIRE DEPARTMENT APPROVAL: